
State of Washington

Behavioral Risk Factor Surveillance System Questionnaire 1989

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

Supported in part by
Cooperative Agreement U58/CCU002118-3

Washington State Department of Health
Center for Health Statistics

1989 Behavioral Risk Factor Surveillance System Questionnaire

Table of Contents

Section	Title	Page
A:	Seatbelts	1
B:	Hypertension	1
C	Exercise	2
D:	Weight Control Practices	4
E:	Tobacco Use (Smoking)	6
F:	Alcohol Consumption	7
G:	Preventive Health Practices	8
	Cervical-Cancer Screening	10
	Injury Control and Child Safety.....	12
H:	Demographics	13

SECTION A: SEAT BELTS

1. First I'd like to begin by asking you about using seat belts. How often do you use seat belts when you drive a car or ride in a car, would you say ...

READ 1-5:

Always	1
Nearly always	2
Sometimes	3
Seldom	4
or Never	5

Don't know/Not sure	7
Never drive/ride in a car	8
Refused	9

SECTION B: HYPERTENSION

2. These next questions are about hypertension or high blood pressure. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL.

SKIP TO SECTION C (Q.7) <-----	No	1
	Yes, by doctor	2
	Yes, by nurse	3
	Yes, by other health professional	4
SKIP TO SECTION C (Q.7) <-----	Don't know/Not sure	7
	Refused	9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

More than once	1
Only once	2
Don't know/Not sure	7
Refused	9

4. Is any medicine currently prescribed for your high blood pressure?

	Yes	1
	No	2
SKIP TO Q.6<-----	Don't know/Not sure	7
	Refused	9

5. Are you currently taking medicine for your high blood pressure?

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY," IF NECESSARY. IF ANSWER IS "YES," USE "YES, ALL OR MOST OF THE TIME."

Yes, all or most of the time	1
Yes, occasionally	2
No	3
Don't know/Not sure	7
Refused	9

6. As far as you know, is your blood pressure presently normal – or under control – or is it still high?

NOTE: NORMAL OR UNDER CONTROL INCLUDES “RETURNED TO NORMAL” AND “NO LONGER HAVE HIGH BLOOD PRESSURE.”

Normal	1
Under control	2
Still high	3
Don't know/Not sure	7
Refused	9

SECTION C: EXERCISE

7. The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

CONTINUE WITH Q.8 <-----	Yes	1
	No	2
SKIP TO SECTION D (Q.17) <-----	Don't know/Not sure	7
	Refused	9

8. What type of physical activity or exercise did you spend the most time doing during the past month?

SKIP TO Q.13 <----- Refused 99

OFFICE ONLY:
SEE CODING LIST A - ACTIVITY

IF ANSWER TO Q.8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ASK Q.9
ALL OTHERS SKIP TO Q.10.

9. How far did you usually (walk) / (run) / (jog) / (swim)? RECORD BELOW.

OFFICE:
SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS.

Miles and tenths	— . —
Don't know/Not sure	77.7
Refused	99.9
Other:	_____

10. How many times per week or per month did you take part in this activity? RECORD BELOW.

Times per week	1 ___ /week
Times per month	2 ___ /month
Don't know/Not sure	777
Refused	999

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
RECORD BELOW.

	hrs.	min.
Don't know/Not sure	77	7
Refused	99	9

12. Was there another physical activity or exercise that you participated in during the last month?

ASK Q.13 < -----	Yes	1
	No	2
SKIP TO SECTION D (Q.17) <-----	Don't know/Not sure	7
	Refused	9

13. What other type of physical activity gave you the next most exercise during the past month?

SKIP TO SECTION D (Q.17) <-----	Refused	99
---------------------------------	---------	----

OFFICE ONLY:
SEE CODING LIST A - ACTIVITY

ASK ONLY IF ANSWER TO Q.13 IS RUNNING, JOGGING, WALKING, OR SWIMMING.
ALL OTHERS GO TO Q.15.

14. How far did you usually walk/run/jog/swim? RECORD BELOW.

OFFICE:
SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS.

Miles and tenths	_____
Don't know/Not sure	77.7
Refused	99.9
Other:	_____

15. How many times per week or per month did you take part in this activity? RECORD BELOW.

Times per week	1 ____/week
Times per month	2 ____/month
Don't know/Not sure	777
Refused	999

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
RECORD BELOW.

	hrs.	min.
Don't know/Not sure	77	7
Refused	99	9

SECTION D: WEIGHT-CONTROL PRACTICES

17. Now I would like to ask you about some of the things you may be currently doing to try to lose weight or to keep from gaining weight. Are you now trying to lose weight.

ASK Q.18 < -----	Yes	1
SKIP TO Q.21 < -----	No	2
SKIP TO Q.28 < -----	No, trying to gain weight	3
	Don't know/Not sure	7
SKIP TO Q. 21< -----	Refused	9

18. About how long ago did you begin your current attempt to lose weight?
RECORD # OF DAYS/WEEKS/MONTHS/YEARS.

days:	1	___	___
weeks:	2	___	___
months:	3	___	___
years:	4	___	___
Always trying to lose weight		555	
Don't know/Not sure		777	
Refused		999	

19. About how much did you weigh when you began your current attempt to lose weight?

Pounds:	___	___	___
Don't know/Not sure			777
Refused			999

20. How much would you like to weigh?

SKIP TO Q.22 < -----	Pounds:	___	___	___
	Don't know/Not sure			777
	Refused			999

21. Are you now trying to maintain your current weight, that is, to keep from gaining weight?

ASK Q.22 < -----	Yes	1
	No	2
SKIP TO Q.27 < -	Don't know/Not sure	7
	Refused	9

22. Are you eating fewer calories to lose weight or to keep from gaining weight?

ASK Q.23< -----	Yes	1
	No	2
SKIP TO Q.25< -	Don't know/Not sure	7
	Refused	9

23. Some people count calories. If you are counting calories, about how many calories are you eating per day? RECORD NUMBER OF CALORIES BELOW; IF THE RESPONDENT GIVES A NUMBER OF 10,000 OR MORE, RECORD "9997".

SKIP TO Q.25 < -----	Calories:	_____	_____	_____	_____
	Don't count calories				7777
	Refused				9999

24. About how long have you been eating this many calories per day?
RECORD # OF DAYS/WEEKS/MONTHS/YEARS.

days:	1	_____	_____
weeks:	2	_____	_____
months:	3	_____	_____
years:	4	_____	_____
Don't know/Not sure			777
Refused			999

25. Are you using physical activity or exercise to lose weight or to keep from gaining weight?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

26. Are you now doing any of the following to lose weight or to keep from gaining weight? READ a-c:

	<u>Yes</u>	<u>No</u>	<u>Don't Know/ Not Sure</u>	<u>Refused</u>
a. Taking diet pills to decrease your appetite	1	2	7	9
b. Taking special products, such as canned or powdered supplements	1	2	7	9
c. Fasting for twenty-four hours or longer as part of your diet	1	2	7	9
d. Participating in an organized weight-control program (such as Weight Watchers, TOPS, or Nutri-Systems)	1	2	7	9
e. Causing yourself to vomit after you eat	1	2	7	9

27. Have you ever been advised by a doctor or other health professional to reduce your weight? IF "Yes,"
PROBE FOR TYPE OF HEALTH CARE PROFESSIONAL.

Yes:	
by a Doctor	1
by a Nurse/Physician's Ass't.	2
by a Nutritionist/Dietitian	3
by another health professional	4
No	5
Don't know/Not sure	7
Refused	9

28. Do you now consider yourself to be overweight, underweight, or about average?

Overweight	1
Underweight	2
About average	3
Don't know/Not sure	7
Refused	9

SECTION E: TOBACCO USE

29. Now I would like to ask you a few questions about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

NOTE: 100 CIGARETTES = 5 PACKS.

SKIP TO SECTION F (Q.33) < ----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

30. Do you smoke cigarettes now?

ASK Q.31 < -----	Yes	1
SKIP TO Q. 33 < -----	No	2
	Refused	9

31. On the average, about how many cigarettes a day do you now smoke? RECORD # OF
CIGARETTES BELOW.

NOTE: 1 PACK = 20 CIGARETTES	(# OF CIGARETTES)	—
	Don't smoke regularly	88
	Refused	99

32. Have you stopped smoking for a week or more sometime during the past year?

Yes	1
No	2
Refused	9

SECTION F: ALCOHOL CONSUMPTION

33. These next few questions are about the use of beer, wine, wine coolers, cocktails, and liquor, such as vodka, gin, rum, or whiskey - - all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

Have you had any beer, wine, wine coolers, cocktails or liquor during the past month, that is, since _____?
(DATE)

SKIP TO SECTION G Q.38 < -----	Yes	1
	No	2
	Refused	9

34. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average? RECORD BELOW.

days/week: 1 ___

days/month: 2 ___

SKIP TO Q.36 < -----	Don't know/Not Sure	777
	Refused	999

35. A drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor. On the days when you drank, about how many drinks did you drink, on the average? RECORD BELOW.

	___ drinks
Don't know/Not sure	77
Refused	99

36. Considering all types of alcoholic beverages, that is, beer win, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have five or more drinks on an occasion? RECORD BELOW

	___ times
None	88
Don't know/Not sure	77
Refused	99

37. And during the past month, how many times have you driven when you've had perhaps too much to drink? RECORD BELOW.

	___ times
None	88
Don't know/Not sure	77
Refused	99

SECTION G: PREVENTIVE HEALTH PRACTICES

38. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. How long has it been since you last visited a doctor for a routine checkup; was it ... READ 1-4

	Within the past year	1
	Within the past 2 years	2
	Within the past 5 years	3
	Or more than 5 years ago	4
	
	Don't know/Not sure	7
SKIP TO Q.40 < -----	Never	8
	Refused	9

39. What type of doctor did you see for your last routine check-up? Was it a ... IF MALE RESPONDENT, READ 1-4; IF FEMALE RESPONDENT, READ 1-5:

	Family or General Practitioner	1
	Internist	2
	Specialist such as heart, lung, or stomach specialist	3
	Other	4

	*Obstetrician/Gynecologist	5

	Don't know/Not sure	7
	Refused	9

40. These next questions are about blood cholesterol, which is a fatty substance found in the blood.

Have you ever had your blood cholesterol checked?

ASK Q.41 < -----	Yes	1
	No	2
SKIP TO Q.47 < -----	Don't know/Not sure	7
	Refused	9

41. About how long has it been since you last had your blood cholesterol checked, would you say it was ... READ 1-4:

	Within the past year	1
	Within the past 2 years	2
	Within the past 5 years	3
	Or more than 5 years ago	4
	
	Don't know/Not sure	7
	Refused	9

42. Have you ever been told your blood cholesterol level, in numbers?

ASK Q.43 < -----	Yes	1
	No	2
SKIP TO Q.44 < -----	Don't know/Not sure	7
	Refused	9

43. What is your blood cholesterol level? RECORD NUMBER BELOW.

Don't know/Not sure	— — —	777
Refused		999

ASK Q.44 < -----	Yes	1
	No	2
SKIP TO Q.45 < -----	Don't know/Not sure	7
	Refused	9

44. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

45. Are you now under the advice of a doctor to reduce your blood-cholesterol or blood-fat level?

ASK Q.46 < -----	Yes	1
	No	2
SKIP TO Q.47 < -----	Don't know/Not sure	7
	Refused	9

46. Did the doctor ... READ a - c:

a. Prescribe a medication to lower your blood cholesterol?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b. Provide you a low-fat or low-cholesterol diet?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

c. Refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

47. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

NOTE: MALES - SKIP TO Q.57; FEMALES ONLY - ASK Q.48-56.

SECTION G: *MODULE 3:* CERVICAL-CANCER SCREENING

48. The next few questions are about certain kinds of medical tests and examinations.

Have you ever Heard of a Pap smear test?

ASK Q. 49 < -----	Yes	1
	No	2
SKIP TO Q. 51 < -----	Don't know/Not sure	7
	Refused	9

49. Have you ever had a Pap smear?

ASK Q. 50 < -----	Yes	1
	No	2
SKIP TO Q. 51 < -----	Don't know/ Not sure	7
	Refused	9

50. When did you have your last Pap smear; was it ... READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years	4
.....	
Don't know/Not sure	7
Refused	9

51. Have you had a hysterectomy?

IF NEEDED: "This is an operation to remove the uterus."

Yes	1
No	2
Don't know/Not sure	7
Refused	9

52. These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

Have you ever heard of a mammogram?

SKIP TO Q.54b < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

53. About how long has it been since you had your last mammogram; was it ...
READ 1-4:

SKIP TO Q.55 < -----	Within the past year	1
	Within the past 2 years	2
	Within the past 5 years	3
	Or more than 5 years ago	4
ASK Q.54a < -----	
	Don't know/Not sure	7
	Refused	9

54a. What is the most important reason that you did not have a mammogram in the last year?
DO NOT READ. RECORD BELOW.

54b. What is the most important reason that you never had a mammogram?
DO NOT READ. RECORD BELOW

	<u>Q.54a</u>	<u>Q.54b</u>
Not recommended by doctor/Doctor never said it was needed	1	1
Not needed/Not necessary	2	2
Never heard of a mammogram	3	3
Cost	4	4
No insurance to pay for it	5	5
Other	6	6
Don't know/Not sure	7	7
Refused	9	9
	↓	↓
	SKIP TO Q.55	SKIP TO

Q.57

55. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

Routine checkup	1
Breast problem	2
Had breast cancer	3
Don't know/Not sure	7
Refused	9

56. Whose idea was it for you to have this last mammogram; was it your idea, your doctor's idea, or someone else's idea? PROBE FOR "MOST INFLUENTIAL." ONE ONLY.

Respondent's idea	1
Doctor's idea	2
Someone else's idea	3
Don't know/Not sure	7
Refused	9

MALES & FEMALES:

SECTION G: MODULE 5: INJURY CONTROL AND CHILD SAFETY

57. Is there a working smoke detector in you household?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

58. In the past twelve months, have you, or has anyone in your household, used a thermometer to test the temperature of the hot water?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

59. What is the age of the youngest child in your household? RECORD EXACT AGE.

	(AGE)	
	Age is less than one year	89
	No children in household	88
SKIP TO SECTION H (Q.63) < -----	Don't know/Not sure	77
	Refused	99

60. (YOUNGEST CHILD AGE 10 OR UNDER:) Do you have the telephone number for a Poison Control Center in your area?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

61. There is a medication called Ipecac [PRONOUNCED: IP-ih-kak] Syrup, which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in your household?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

62. When riding in a car, how often is the youngest child buckled in a car safety seat or seatbelt; would you say ... READ 1-5:

All the time	1
Most of the time	2
Sometimes	3
Rarely	4
Or never	5
.....	
Don't know/Not sure	7
Refused	9

AFTER DEMOGRAPHICS, RECORD TIME: ____ ____
--

75 series OFFICE:

CHILDREN: Yes	1
No	2
Refused	3

AGE: 0-5 ____

6-12 ____

13-17 ____

SECTION H: DEMOGRAPHICS

63. These next few questions ask for a little more information about yourself..

How old were you on your last birthday? RECORD AGE IN YEARS.

	____ ____ years
Don't know/Not sure	07
Refused	09

64. What is your race, would you say ... READ 1-4:

White	1
Black	2
Asian, Pacific Islander	3
Aleutian, Eskimo, Native American	4
.....	
Some other (SPECIFY):	
_____	5
Don't know/Not sure	7
Refused	9

65. Are you of Hispanic origin, such as Mexican American, Latin American, Puerto Rican, or Cuban?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

66. What is the highest grade or year of school you completed? READ ONLY IF NECESSARY.

8th grade or less	1
Some high school	2
High school graduate or GED certificate	3
Some technical school	4
Technical-school graduate	5
Some college	6
College graduate	7
Post graduate or professional degree	8
.....	
Refused	9

67. Are you currently ... READ 1-7:

Employed for wages	1
Self employed	2
Out of work more than 1 year	3
Out of work less than 1 year	4
A homemaker	5
A student	6
Or retired	7
.....	
Refused	9

68. And are you ... READ 1-6:

Married	1
Divorced	2
Widowed	3
Separated	4
Never married	5
Or a member of an unmarried couple	6
.....	
Refused	9

69. Which of the following categories best describe your annual household income from all sources ...
READ 1-8:

Less than \$10,000	1
\$10 - \$15,000	2
\$15 - \$20,000	3
\$20 - \$25,000	4
\$25 - \$35,000	5
\$35 - \$50,000	6
Or over \$50,000	8
.....	
Don't know/Not sure	7
Refused	9

70. About how much do you weigh without shoes? RECORD BELOW.

	_____ pounds
Don't know/Not sure	777
Refused	999

71. About how tall are you without shoes. RECORD BELOW

	_____ ft. _____ inches
Don't know/Not sure	777
Refused	999

72. RECORD SEX:

MALE	1
FEMALE	2

73. ASK THIS QUESTION ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE (SEE Q. 63 FOR AGE). ALL OTHERS, SKIP TO Q. 75:

To your knowledge, are you now pregnant?

ASK Q. 74 < -----	Yes	1
	No	2
SKIP TO Q. 75 < -----	Don't know/Not sure	7
	Refused	9

74. During what month is your baby due?

January	01
February	02
March	03
April	04
May	05
June	06
July	07
August	08
September	09
October	10
November	11
December	12
Don't know/Not sure	77
Refused	99

75a. Are there children under the age of eighteen living in your household?

ASK Q.75.b/c/d < -----	Yes	1
SKIP TO Q.76 < -----	No	2
	Don't know/ Refused	3

75b. How many are infants to age five? RECORD.

Refused	9
---------	---

75c. How many age six to twelve? RECORD.

Refused 9

75d. How many age thirteen to seventeen? RECORD

Refused 9

76. How many telephone numbers will reach this household, including the number I used today?
RECORD BELOW.

NOTE: DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS, IF
NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD.

Total Telephone Numbers: _____

CLOSING STATEMENT

That's my last question. Let me emphasize that your answer cannot be identified with your name.
Everyone's answers will be combined to give us information about the health practices of people in this
state.

Thank you very much for your time and cooperation.

COUNTY: _____

CODE: 0 ____

RECORD TIME - MIDDLE OF PAGE 13.